-- FORM D

ITED STATES

UNITED STATES SECURITIES AND EXCHANGE COMMISSION .Washington, D.C. 20549

PROCESSED

JAN 1 6 2007

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION.

07040418

OMB APPROVAL

April 30, 2008

timated average burden

3235-0076

OMB Number:

Expires

THOMSON FINANCIAL

Name of Offering (check if this is an amendment an	d name has changed, and indicate change.)	
Ansley Park ABS CDO, Ltd.		WALL S
Filing Under (Check box(es) that apply): Rule 5	504 🗀 Rule 505 🗹 Rule 506 🗀	Section 416 CRIVES
Type of Filing:		
	A. BASIC IDENTIFICATION DATA	JAN - 4 2007
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment an	d name has changed, and indicate change.)	Ed 213 2000
Ansley Park ABS CDO, Ltd.		16.13
Address of Executive Offices	(Number and Street, City, State Zip Code)	Telephone Number (including Area Code)
c/o Maples Finance Limited; P.O. E	ox 1093 GT, Queensgate House,	(345) 814 5800
South Church Street, George Town	n, Grand Cayman, Cayman Islands	
Address of Principal Business Operations	(Number and Street, City, State and Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		
Issuer is a special purpose vehicle whose act		
account, Collateral Debt Securities and Eligib	le investments and issuing, redeeming and so	elling the Notes.
Type of Business Organization □ corporation	☐ limited partnership, already formed	That - (-land
☐ business trust	imited partnership, aready formed	☑ other (please specify): Exempted Company
	Month Year	
Actual or Estimated Date of Incorporation or Organizat	ion: 0 9 0 6	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviation for	or State:
	CN for Canada; FN for other foreign jurisdiction) F N
GENERAL INSTRUCTIONS		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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2. Enter the information reque	sted f	or the followi	ing:							
Each promoter of the	issuer,	if the issuer	has be	en organized within t	he pas	t five years;				
Each beneficial owner	havir	g the power	to vot	e or dispose, or direct	the vo	te or disposition of, 10	0% ог г	nore of a c	lass of e	quity securities of the issuer;
Each executive office	r and o	lirector of co	rporat	e issuers and of corpor	rate ge	neral and managing p	artners	of partners	ship issu	ers; and
• Each general and man			=	-	_			·	-	
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if inc	lividu	al)		(
Thompson. Hugh										
Business or Residence Address	(Nur	nber and Stre	et, Ci	ty, State, Zip Code)						
C/o Maples Finance Limited	i; P.C	. Box 1093	GT,	Queensgate House	e, Soi	uth Church Street,	Geor	ge Town,	Grand	Cayman, Cayman Islands
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	. ☑.	Director	0	General and/or Managing Partner
Full Name (Last name first, if inc	lividu	D. E.E.	2.4 12.4	军工工工工工	1000		36		·	
O'Connor, Steven	X		, et _e		, (4v.		16.3			
Business or Residence Address		5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			n - ty		. 1 335.	
C/o Maples Finance Limited	I, P.C	Box 1093	GT;	Queensgate Hous	e (So	úth Church Street,	Geor	gė Town;	Grand	· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	, 🗆	General and/or Managing Partner
Full Name (Last name first, if inc	lividu	al)								
Business or Residence Address	(Nur	nber and Stre	eet, Ci	ty, State, Zip Code)						
Check Box(es) that Apply	,	Promoter	() () ()	Beneficial Owner	. 0	Executive Officer	(° i⊃"	Director		General and/or Managing Partner
Full Name (Last name first, if in	lividu S	al) گند در در کیارلزد								
Business or Residence Address	(Nur	nber and Stre	eet, Ci	ty, State, Zip Code)		Line of the second				
Check Box(es) that Apply:	0	Promoter		Beneficial Owner	Ö	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if inc	lividu	al)								
Business or Residence Address	(Nur	nber and Stre	eet, Ci	ty, State, Zip Code)						
Check Box(es) that Apply		Promoter	ŊŌ.	Beneficial Owner		Executive Officer	Ü	Director		General and/or Managing Partner
Full Name (Last name first, if in	lividu S	al)								
Business or Residence Address	r (Nui	nber and Stre	eet, Ci	ty, State, Zip Code)		这种意思	ge Wir .	n di ja	6	And The Toronto
Check Box(es) that Apply:	0	Promoter		Beneficial Owner		Executive Officer	0	Director		General and/or Managing Partner
Full Name (Last name first, if in	lividu	al)				, <u>, ,, ,</u>				
Business or Residence Address	(Nu	nber and Stre	eet, Ci	ty, State, Zip Code)						
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)										

				B. INI	ORMAT	ION ABO	UT OFFI	RING					
1 17			. 1	4411		. ata. a t		- 00: 0			Yes □	No Ø	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									u	B			
Answer also in Appendix, Column 2, if filing under ULOE.													
2. What is the minimum investment that will be accepted from any individual?											\$ 250,000		
3. Does the offering permit joint ownership of a single unit?											Yes ☑	No □	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Name	(Last name	first, if ind	ividual)									*	
Rusiness	r Residence	· Address (1	Number and	Street City	State Zin	Code)							
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		•											
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH] ·		[OR]	[PA]	
[RI]	[SC] (Last name	[SD]	[TN] ividual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
1 dil ivanic	(Last name	mse, mme	1414441)										
Business o	r Residence	Address (1	Number and	Street, City	, State, Zip	Code)							
9 West	: 57 th Sti	reet, Ne	w York	, New Y	ork 10	019							
	ssociated B									-			
Banc o	of Ameri	ica Sec	urities l	_LC									
States in V	Vhich Perso	n Listed Ha	s Solicited	or Intends ţ							[7] A.I.	States	
•	All States" (•	[CO]	[CT]	[DE]	(DC)	[FL]	[GA]	E All	States [ID]	
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last name	first, if ind	ividual)										
Di	n: 4		· · · · · · · · · · · · · · · · · · ·	Steel City	. Casa 7:-	Cada							
Business o	r Residence	Address (vumber and	Street, City	y, State, Zip	Code						4	
Name of A	ssociated B	roker or De	ealer										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)									All States				
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[[14]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Aiready Sold
	Debt.	\$	0	\$	0
	Equity	s —	0	s	0
	Common Preferred	-		-	`
	Convertible Securities (including warrants)	\$_	0	\$_	0
	Partnership Interests	\$	0	\$	0
	Other (Specify) Preference Shares	s —	7,500,000	\$	7,500,000
	Total	s –	7,500,000	s	7,500,000
	Answer also in Appendix, Column 3, if filing under ULOE.	_		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Accessed
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	14	\$_	7,500,000
	Non-accredited Investors		0	\$_	0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	_		_	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Tuna of Consults		Delles Amount
	Type of Offering		Type of Security		Dollar Amount Sold
	Rule 505	_	N/A	\$_	N/A
	Regulation A	_	N/A	\$_	N/A
	Rule 504	_	N/A	s _	N/A
	Total	_	N/A	\$_	N/A
S ÌI	.a. Furnish a statement of all expenses in connection with the issuance and distribution of the ecurities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not nown, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$_	
	Printing and Engraving Costs		☑	\$_	125
	Legal Fees		図	\$_	11,450
	Accounting Fees		Ճ	s _	690
	Engineering Fees		· 🙃	s _	
	Sales Commissions (specify finders' fees separately)		0	\$_	
	Other Expenses (identify) Structuring Fees \$71,000, Rating Agency Fees \$11,190 and Other Fees \$2,020		図	s _	84,210
	Total			٠, و	96 475

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EX	PENS	ES A	AND OSE OF PR	COCE	EDS
	b. Enter the difference between the aggregate of I and total expenses furnished in response to Part gross proceeds to the issuer."	t C - Question 4.a. This difference is the	"adjuste	d		\$	7,403,525
5.	Indicate below the amount of the adjusted gross for each of the purposes shown. If the amount and check the box to the left of the estimate. adjusted gross proceeds to the issuer set forth in n	for any purpose is not known, furnish at The total of the payments listed must	estima	te		` .	
					Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and Fees		. 🗖	\$_	500		\$
	Purchase of real estate		. 🗖	\$			\$
	Purchase, rental or leasing and installation of mac	chinery and equipment	. 🛮				\$
	Construction or leasing of plant buildings and fac			s			<u> </u>
	Acquisition of other businesses (including the	value of securities involved in this		_			
	offering that may be used in exchange for the pursuant to a merger)			\$		Ó	\$
	Repayment of indebtedness		·	\$		_	\$
	Working capital			· ·		•	\$
	Other (specify): Purchase of Colla			٠-		. –	
			- -				
		· · · · · · · · · · · · · · · · · · ·	- 0	\$		X.	\$ 7 ,403,025
	Column Totals			\$	500	*	\$ 7,403,025
	·			-		•	
	Total Payments Listed (column totals added)		***********		₩ ^{\$} _7,40	3,525	5
		D. FEDERAL SIGNAT	URE				
т		. ,				.10 505	the following cignature
C	he issuer has duly caused this notice to be signed onstitutes an undertaking by the issuer to furnish to y the issuer to any non-accredited investor pursuant	o the U.S. Securities and Exchange Com	mission,	ироп ироп	written request of its	staff, th	he information furnished
ssu	er (Print or Type)	Signature			Date		
ıA	nsley Park ABS CDO, Ltd.	$ M^{-1} _{\wedge}$			02 Jan	NUA	Ry 7007
	ne of Signer (Print or Type)	Title of Signer (Print or Type)					· · · · · · · · · · · · · · · · · · ·
	Hugh Thompson	DERECTOR					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).